### Community Advisory Committee Quarterly/Annual Visitation Report

**County:** Buncombe  
**Facility Type:** Nursing Home  
**Facility Name:** Emerald Ridge  
**Visit Date:** 9-11-17  
**Time Spent in Facility:** 1 hr 30 min  
**Arrival Time:** 11:45 am  
**Interview was held:** In-Person  
**Name of Person Exit interview was held with:** Candy Fisher  
**Title:** Admin.  
**SIC (Supervisor in Charge):**  
**Committee Members Present:** Sarah Weiss, Maria Hines, Judy McDonough  
**Number of Residents who received personal visits from committee members:** 3 + 4 + 6 (13)  
**Resident Rights information is clearly visible:** Yes  
**Ombudsmen contact information is correct and clearly posted:** Yes  
**The most recent survey was readily accessible:** Yes  
**Staffing Information is posted:** Yes  

#### Resident Profile

1. Do the residents appear neat, clean and odor free? **X** Yes  
2. Did residents say they receive assistance with personal care activities, Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses? **X** Yes  
3. Did you see or hear residents being encouraged to participate in their care by staff members? **X** Yes  
4. Were residents interacting w/ staff, other residents & visitors? **X** Yes  
5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? **X** Yes  
6. Do you observe restraints in use? **X** Yes  
7. If so, did you ask staff about the facility's restraint policies? **X** Yes  

#### Resident Living Accommodations

8. Did residents describe their living environment as homelike? **X** Yes  
9. Did you notice unpleasant odors in commonly used areas? **X** Yes  
10. Did you see items that could cause harm or be hazardous? **X** Yes  
11. Did residents feel their living areas were too noisy? **X** Yes  
12. Does the facility accommodate smokers? **X** Yes  
12a. Where? **X** Outside only  
13. Were residents able to reach their call bells with ease? **X** Yes  
14. Did staff answer call bells in a timely & courteous manner? **X** Yes  
14a. If no, did you share this with the administrative staff? **X** Yes  

#### Resident Services

15. Were residents asked their preferences or opinions about the activities planned for them at the facility? **X** Yes  
16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? **X** Yes  
16a. Can residents access their monthly needs funds at their convenience? **X** Yes  
17. Are residents asked their preferences about meal & snack choices? **X** Yes  
17a. Are they given a choice about where they prefer to dine? **X** Yes  
18. Do residents have privacy in making and receiving phone calls? **X** Yes  
18a. Is there evidence of community involvement from other civic, volunteer or religious groups? **X** Yes  
19. Does the Facility have a Resident's Council? **X** Yes  

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**Comments & Other Observations**

- Retrieved one on floor
1 pc. sausage on dry toast.
Short-staffed 3-11, 11-7"Forget it"

Kudos:
Homelike
Residents are happy & feel they are well-treated here.
Jukebox "on" !!